

Promoting Change Toward Healthy Behaviors – *And Loving It!*

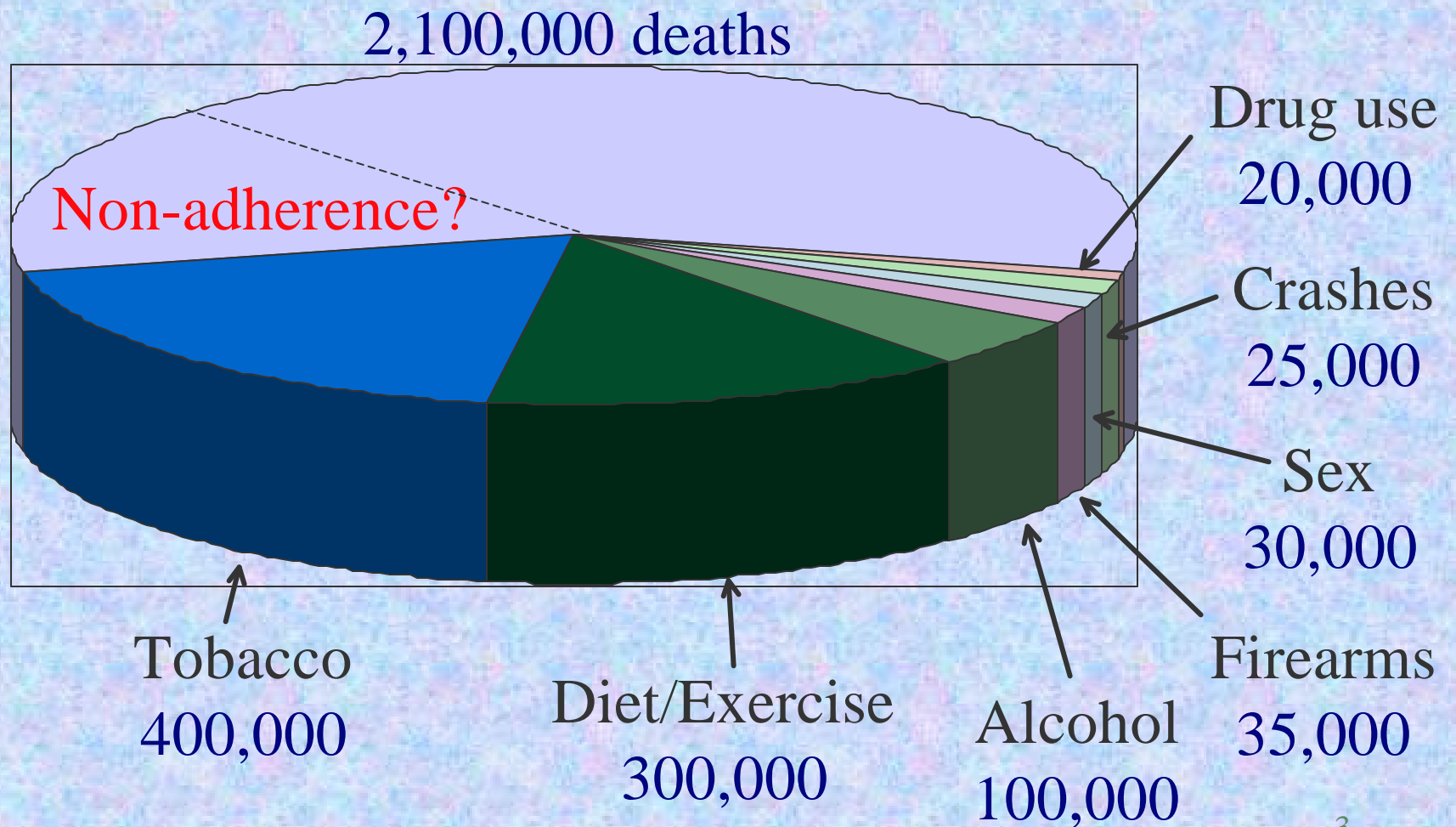
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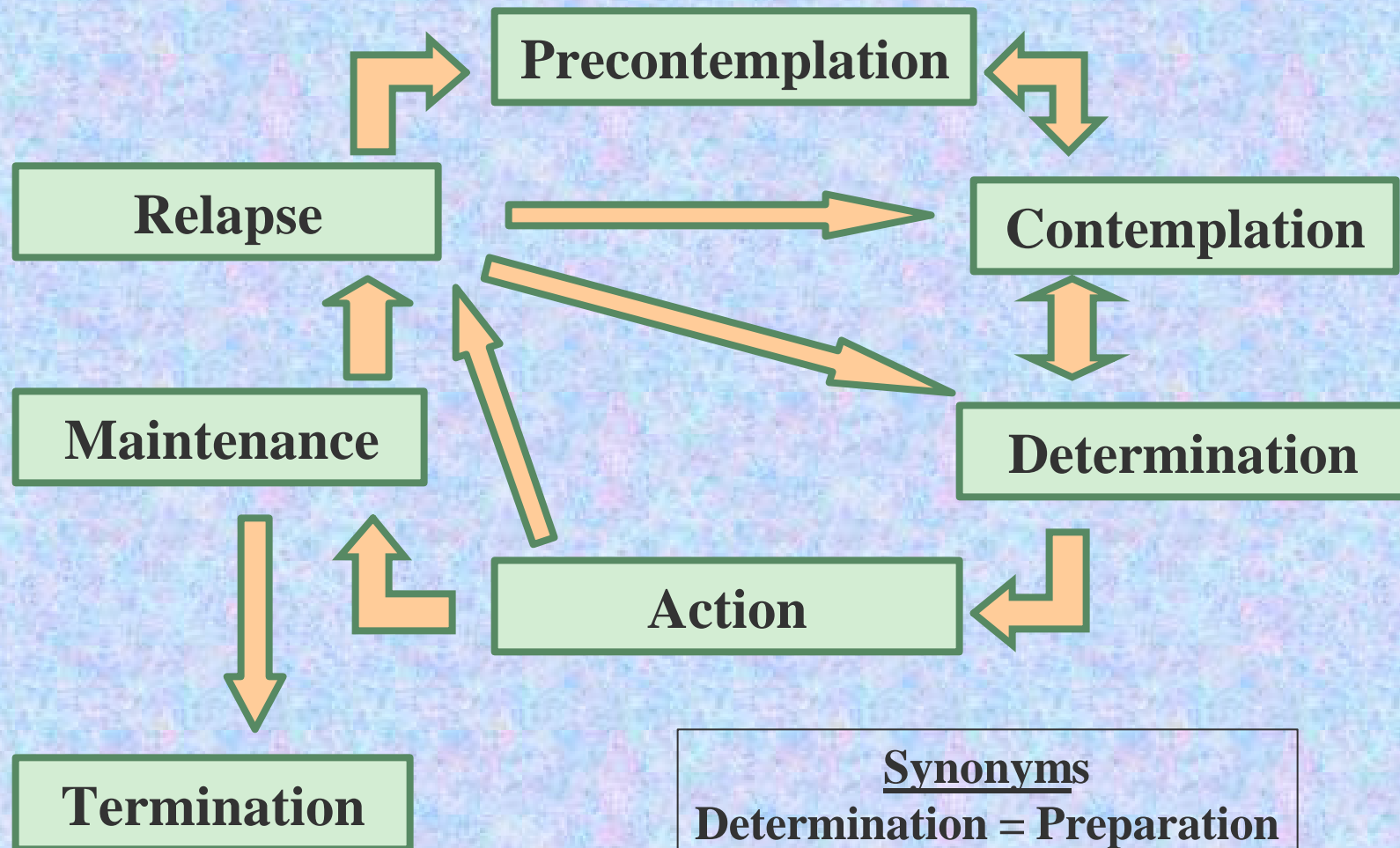
Learning Objectives

- ◆ Describe the transtheoretical model and the principles of motivational interviewing
- ◆ Promote commitment and success for patients in changing diverse health-risk behaviors
- ◆ Identify strategies for integrating behavior change promotion into busy practices

Mortality in 1990



Transtheoretical Model



Synonyms

Determination = Preparation

Termination = Exit

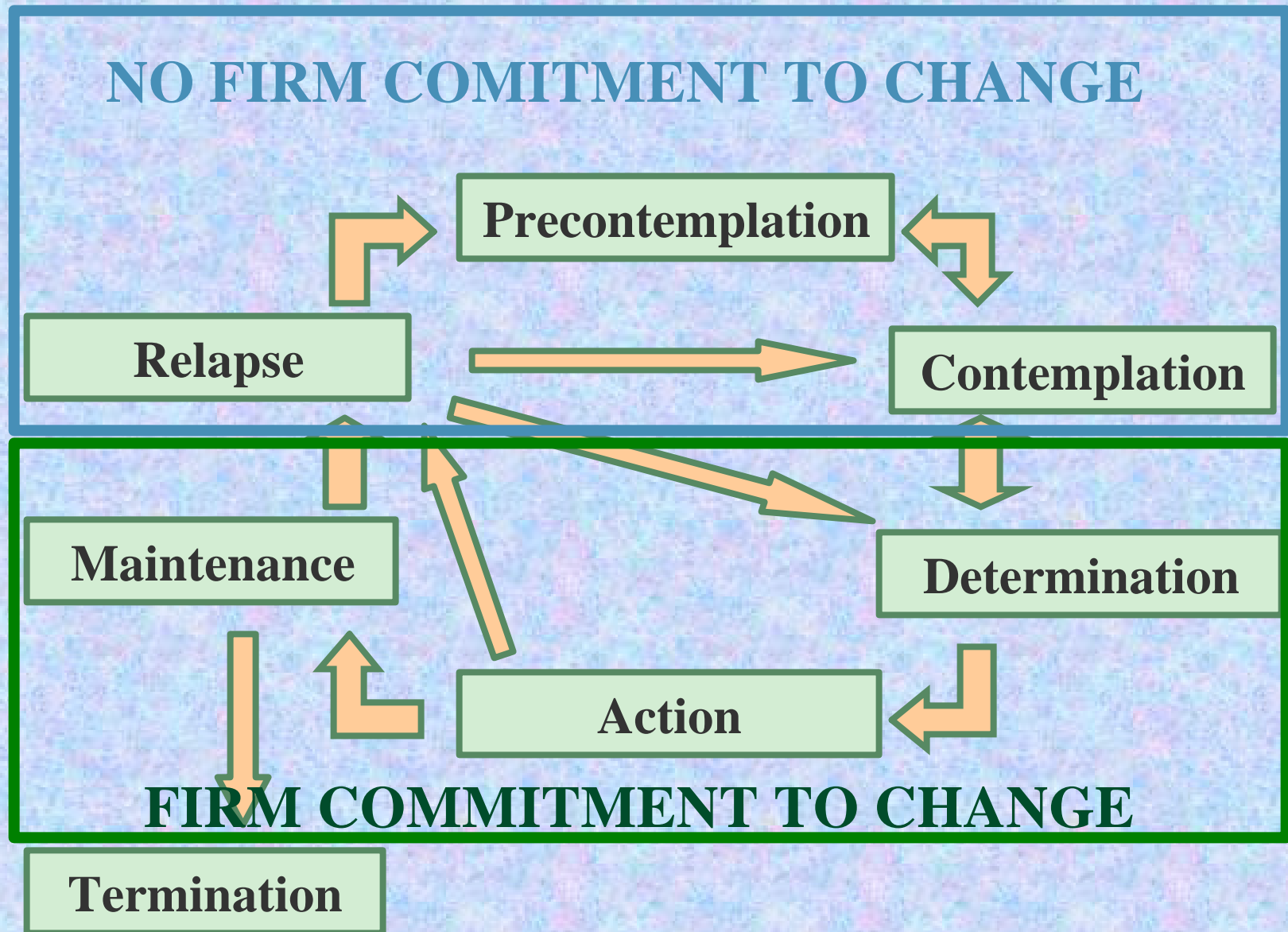
Assessing Stage of Change

Sample initial questions:

- ◆ How do you feel about your [behavior]?
- ◆ What do you think about your [behavior]?
- ◆ How does [behavior] fit into your life?

Assessing Stage of Change

- ◆ Ask initial open-ended question
- ◆ Listen carefully and assess
- ◆ If necessary, ask follow-up question and reassess



Goals by Stage

Relapse
Precont
Cont.



**Build commitment
to change**

Determ.
Action
Maint



**Create, implement, and
refine plan for change**

Relapse

Resumption of undesired behavior

- ◆ Goals:
 - ◆ Recognize
 - ◆ Restage
- ◆ Consider relapse an evanescent stage leading immediately to another



Precontemplation

Not considering change

- ◆ Goal: Move to contemplation
- ◆ Barriers:
 - Knowledge of risks/consequences
 - Self-efficacy
 - Contentment

Contemplation

Considering change - ambivalent

- ◆ Goal: Move to determination
- ◆ Barriers:
 - Knowledge of risks/consequences
 - Self-efficacy
 - Contentment
 - Indecisiveness

Principles of MI

- ◆ **A**dvice
- ◆ **B**arriers
- ◆ **C**hoices
- ◆ **D**ecrease
desirability
- ◆ **E**mpathy
- ◆ **F**eedback
- ◆ **G**oals
- ◆ **H**elping

Key MI Microskills

- ◆ Open-ended questions
- ◆ Summarization
- ◆ Reflective listening
- ◆ Affirmations
- ◆ Educating about risks & consequences
- ◆ Eliciting self-motivational statements
- ◆ Developing discrepancy
- ◆ Heightening discomfort
- ◆ Addressing barriers to change

Open-Ended Questions

- ◆ Probe widely for information
- ◆ Help uncover the pt/client's priorities and values
- ◆ Avoid socially desirable responses
- ◆ Draw people out

Summarization

- ◆ “What you’ve said is important.”
- ◆ “I value what you say.”
- ◆ “Here are the salient points.”
- ◆ “Did I hear you correctly?”
- ◆ “We covered that well. Now let's talk about ...”

Reflective Listening

- ◆ A critical MI skill
- ◆ Mirrors what pt/client says
- ◆ Is non-threatening
- ◆ Deepens the conversation
- ◆ Helps patients understand themselves
- ◆ Avoids “reactance”

Reflective Listening (continued)

Reflective listening says:

- ◆ “I hear you.”
- ◆ “I’m accepting, not judging you.”
- ◆ “This is important.”
- ◆ “Please tell me more.”

Reflective Listening (continued)

Reflective listening is NOT:

- ◆ Directing
- ◆ Warning
- ◆ Advising
- ◆ Persuading
- ◆ Moralizing
- ◆ Agreeing
- ◆ Disagreeing
- ◆ Labeling
- ◆ Interpreting
- ◆ Reassuring
- ◆ Questioning
- ◆ Withdrawing

Reflective Listening (continued)

Example 1:

“My girlfriend gets really angry when I drink and pass out.”

Reflective response?

Reflective Listening (continued)

Example 1:

“My girlfriend gets really angry when I drink and pass out.”

“She gets mad when you drink and fall asleep.”

Reflective Listening (continued)

Example 2:

“I’m not a pleasant drunk. I’ve really beaten people up badly.”

Reflective response?

Reflective Listening (continued)

Example 2:

“I’m not a pleasant drunk. I’ve really beaten people up badly.”

**“You’ve hurt people
when you’ve been drunk.”**

Reflective Listening (continued)

Example 3:

“Sometimes I really
disgust myself.”

Reflective response?

Reflective Listening (continued)

Example 3:

“Sometimes I really
disgust myself.”

**“At times you find
yourself disgusting.”**

Affirmations

- ◆ Support the patient/client
- ◆ Convey respect
- ◆ Convey understanding
- ◆ Encourage more progress
- ◆ Help clients/patients reveal less positive aspects of themselves

Affirmations (continued)

Examples?

Affirmations (continued)

- ◆ “You are very courageous to be so revealing about this.”
- ◆ “You’ve accomplished a lot in a short time.”
- ◆ “I can understand why drinking feels so good to you.”


Goals by Stage

Relapse
Precont
Cont.



Build commitment
to change





Educating on Risks & Consequences

- ◆ Assess for openness to education
- ◆ Ask what is already known
- ◆ Offer 1 or 2 new pieces of information
- ◆ Emphasize risks and consequences that are likely to be relevant
- ◆ Ensure understanding
- ◆ Inquire about relevance
- ◆ Offer appropriate materials/resources



Eliciting Self-Motivational Statements

Allow opportunities for patients to present arguments for change in:

- ◆ Problem recognition
- ◆ Concern
- ◆ Intention to change
- ◆ Optimism



Eliciting Self-Motivational Statements (continued)

Problem recognition

**Examples of questions to elicit
self-motivational statements?**



Eliciting Self-Motivational Statements (continued)

Problem recognition

**How has [behavior] made
problems for you?**

**How do you think you've been
hurt by [behavior]?**

Eliciting Self-Motivational Statements (continued)

Concern

**Examples of questions to elicit
self-motivational statements?**

Eliciting Self-Motivational Statements (continued)

Concern

What worries do you have about your [behavior]?

What are you afraid might happen if things continue as they are?



Eliciting Self-Motivational Statements (continued)

Intention to Change

**Examples of questions to elicit
self-motivational statements?**

Eliciting Self-Motivational Statements (continued)

Intention to Change

What might be some advantages of changing your [behavior]?

What might be better for you if you did change your [behavior]?

Eliciting Self-Motivational Statements (continued)

Intention to Change

On a scale of 0 to 10, how important is it for you to change your [behavior]?

Why didn't you say [1 or 2 points lower]?



Eliciting Self-Motivational Statements (continued)

Optimism

**Examples of questions to elicit
self-motivational statements?**

Eliciting Self-Motivational Statements (continued)

Optimism

**What difficult goals have you
achieved in the past?**

**What might work for you if you
did decided to change?**

Eliciting Self-Motivational Statements (continued)

Optimism

On a 0 to 10 scale, how confident are you that you could change?

Why didn't you say [1 or 2 points lower]?

Developing Discrepancy

Motivation comes from
the discrepancy between:

?

and

?



Developing Discrepancy

Motivation comes from
the discrepancy between:

current behavior

and

?

Developing Discrepancy

Motivation comes from
the discrepancy between:

current behavior

and

future goals

Developing Discrepancy

- ◆ Ask patients to compare “positives” and “less positives” of the behavior
- ◆ Ask patients to delineate their goals; then assess whether the behavior helps or hinders them in attaining these goals

Heightening Discomfort

- ◆ “What is it like to be [engaging in behavior] when you realize it interferes with [goals]?”
- ◆ “What is it like to be stuck on the fence about changing your [behavior]?”

Bring out emotional pain



Addressing Barriers to Change

Barrier 1

Knowledge of risks & consequences

EDUCATE!!!

Addressing Barriers to Change

Barrier 2: Low self-efficacy

- ◆ Reframe previous failures to partial success
- ◆ Identify how previous strategies and strengths can be applied
- ◆ For low self-esteem, assess and treat for depression, traumas, family dysfunction

Addressing Barriers to Change

Barrier 3: Contentment

- ◆ Develop discrepancy
- ◆ Heighten discomfort

Goals by Stage



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Action
Maint



**Create, implement, and
refine plan for change**

Reinforce and strengthen commitment to change

Continue:

- ◆ Reinforcing the potential benefits of change
- ◆ Bolstering self-efficacy for behavior change

Help develop and refine a plan for change

- ◆ Identify what has and has not worked
- ◆ Identify internal and external triggers for the behavior
- ◆ Develop strategies to manage triggers
- ◆ Consider focus on social supports, self-reward, and environmental change
- ◆ Help foresee possible weaknesses in plan

Help develop and refine a plan for change (continued)

In developing and refining plans:

- ◆ Help identify options
- ◆ Present menus of options
- ◆ Honor the patient's/client's decisions
- ◆ Make statements of partnership

Help develop and refine a plan for change (continued)

- ◆ Suggest that the patient make promises and track implementation
- ◆ Set an implementation date
- ◆ Review the plan, maximizing concreteness and specificity, as the patient agrees
- ◆ Suggest making a contingency plan
- ◆ Arrange follow-up

Help develop and refine a plan for change (continued)

Determination

- ◆ Review previous attempts; reframe as learning experience


Action

- ◆ Review recent progress and difficulties

Help develop and refine a plan for change (continued)

Maintenance

- ◆ Foresee and plan for major stressors
- ◆ Track progress and plan toward the goals that prompted behavior change



Integrating Behavioral Medicine into Busy Practices

- ◆ Ask patients to do homework
- ◆ Distribute handouts
- ◆ Use a team approach
- ◆ Employ technologies

Integrating Behavioral Medicine into Busy Practices


- ◆ **Ask patients to do “homework”**
 - **List and prioritize pros and cons of behavior**
 - **List previous accomplishments and strengths**
 - **List goals and how the behavior helps or hinders each goals**
- ◆ Distribute handouts
- ◆ Use a team approach
- ◆ Employ technologies

Integrating Behavior Medicine into Busy Practices

- ◆ Ask patients to do homework
- ◆ **Distribute handouts**
 - **Risks and negative consequences of behaviors**
 - **Strategies for achieving behavior change**
- ◆ Use a team approach
- ◆ Employ technologies

Integrating Behavior Medicine into Busy Practices

- ◆ Ask patients to do homework
- ◆ Distribute handouts
- ◆ **Use a team approach**
 - **Initial screening by questionnaire or nurse**
 - **Counseling by nurse, health education specialist, or affiliated program**
 - **Employ technologies**
- ◆ Employ technologies



Integrating Behavioral Medicine into Busy Practices

- ◆ Ask patients to do homework
- ◆ Distribute handouts
- ◆ Use a team approach
- ◆ **Employ technologies**
 - **Telephone**
 - **Internet**
 - **IVR programs**

Summary

- ◆ Health risk behaviors kill about half of Americans
- ◆ Physicians should be trained to promote change in health risk behaviors
- ◆ Stage-based, motivational techniques are effective, cultural sensitive, and conducive to ongoing physician-patient relationships
- ◆ Implementation is bolstered by systems changes in medical practice

